



AZ Medicaid Technical Consortium Meeting

May 12, 2004

3:30 PM to 4:30 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS

Thomas Browning

Lee Cisney

Jerri Gray

Brian Heise

Jeanette Heller

C.J. Major

Dimiter Peuin

Susan Ross

Dennis Seidel

AHCCCS

Peggy Brown

Barbara Butler

Melonie Carnegie

Chris Herrick

Bruce Jameson

Dora Lambert

MaryKay McDaniel

John Nystedt

Brent Ratterree

Marna Richmond

Marsha Solomon

Pat Spencer

Carrier Stamos

Linda Stubblefield

Del Swan

Mike Upchurch

Nancy Upchurch

Rosie Vega

Kyra Westlake

Americhoice

Brenda Reininger

APIPA

Alexis Cathers

Lucy Markov

Charles Revenew

Sharon Zamora

Care 1st Arizona

Anna Castaneda

Herb Woo

DES

Robin Claus

Aidan Frazier

Marcella Gonzalez

Evercare Select

Steven Iles

Healthchoice AZ

Paul Benson

Jessica Lennick

Mark Messer

Mike Uchrin

MCP & Schaller Anderson

Mark Clark

Pam Hydrick

Cathy Jackson-Smith

Walter Janzen

Anne Romer

Art Schenkman

Maricopa

Donna Beyer

John Wilhelm

PHP

Greg Lucas

UFC

Kathleen Oestreich

Kathy Steiner

John Valentino

Yavapai County

Dave Soderberg

Welcome (Lori Petre)

We are going to go ahead and get started. We are going to try to get you all out of here early so you can miss the game traffic. We will be providing you with updates on statuses. The first document in your packet is a copy of the minutes from the last meeting. These minutes and their related handouts will also be posted to the website.

Follow-up

Outpatient Hospital Payment Fee Schedule (Lori Petre)

As a matter of follow-up items, directly before this we did have an Outpatient Workgroup meeting. I have included in your packet, for your information, a copy of the Milestone Timeline that goes along with that project. This is the Milestone Timeline that was shared with all of your CEO's last week. If you were not able to come to that meeting, and you would like a copy of the materials, we do have extras that we put together for that reason.

Co-Pays (Dennis Koch)

The co-pay seems to be running fairly well for about a month now. We will let you know when and if the injunction is removed, and if we return to the other process.

BBA Data Certification (Dennis Koch)

BBA is in production for proprietary and the 837s. We did have a problem the last couple of days in getting validation emails back to you for validating production files. We want you to know that all the files that you sent in will be in this weekend's cycle. You may not have received a validation, but we are making sure that they all get in for processing. I sent an email out the middle of last week trying to explain a little bit more about the BBA process. You will get an email everyday from bba@ahcccs.state.az.us telling you what has not been certified yet. If you have multiple health plans, you will get an email for every health plan. If you are certified to send emails for three different health plan numbers, you are going to get an email for each of those health plans. Please do not send a reply back to the BBA email address as it causes problems for this process.

Q: ADHS – I can appreciate you working through this BBA process, but we have some hiccups on this. I set up four plus names on the notifications, and some people were notified, some not. Can you expound on what the hiccup is right now?

A: We have basically two flags where they can authorize or get a report. If some people are not getting emails, they may not be setup on the appropriate table. Since this is in the production environment, check with Brent Ratterree to ensure that both flags have been turned on accordingly. The hiccup we had was we had made some changes, and when we moved it into production, for some reason a directory got set to a "read only" status, and BBA needed write access to it so it could not shoot the file out. We identified the problem, and made the change.

ADHS – What we have seen is that I am both sender and report receiver. I will receive the email that says the file has been received whether it has been validated or not and the BBA status. C.J. Major owns the BBA status.

Dennis Koch – I will have to check, but I think only the person that is authorized to validate the file will get the emailing saying there is a file that has not been validated.

Action Item – Dennis Koch

Verify that only the authorized person receives the BBA status email.

Q: Lori Petre – Do you think it would be feasible for us to dump that table, and send to each of the health plans that we have listed for them so that they can field verification of the information contained on this table?

A: Dennis Koch – Yes, we can do that.

Action Item – Dennis Koch/Lori Petre

Send the health plans spreadsheet of the authorized individuals for verification of current email address.

Lori Petre – This would allow the health plans to ensure that we do have the correct information (i.e., name, email address, etc.). We will go ahead and do this for both test and production.

DES – We are still receiving duplicates.

Dennis Koch – We will take a look at that.

Action Item – Dennis Koch

Look into the problem of DES receiving duplicate emails.

Encounters 837/277U (Lori Petre)

Just a status on the Encounters 837 and 277U, we are continuing to test. If you do experience issues, please email the workgroup. Marsha Solomon is the primary person that is taking a look at those for you. We do need to know if you have any questions or issues. We want to encourage you to do as much testing of appropriate volumes and type of claims you will be using in production as possible before you go live so that neither of us will have surprises on how things work. BHS has submitted the first 837 Encounter production file, and we will see how it goes. I believe CRS is all set to do theirs also. We will have some 837 files running in this month's cycle, which starts Saturday. We will let you all know how the cycle goes. In that case, the 837 programs are all in. We have not experienced any problems with them. The 277U programs go in next week on 6/11/04. We are not doing any contingency planning yet because the cut over on Encounters is date of service based. It will probably July or August before you telling us that you are not going to be ready for with the 7/1/04 dates of service any time soon. We will not be looking for any contingency plans until then. If you do have questions, email the workgroup, and we will get something out to you. We have talked about a lot of issues with BBA, and that sort of thing. Are there are other questions or issues associated with these two transactions that anyone would like to bring up at this time?

Q: Health choice AZ - AHCCCS seems to be losing the files that we have been submitting. Mark Messer has asked us to bring this up at the meeting.

Q: Lori Petre – Marsha, do we have any open action items for Health choice on this issue?

A: Marsha Solomon: I would need to check with Mark. So far we have been able to account for all the files except for a couple of them that we had a problem with on 5/12 and 5/14.

Lori Petre – We will follow-up on this for you.

Action Item – Dennis Koch

To follow-up with Health choice on the missing files.

One of the health plans asked the other health plans if any of them had gone through the entire encounter test process as whole and felt completely comfortable with it to which there was no reply.

Q: I have a question about the patient account number. A lot of times, the patient account number is a non-used number so we are having difficulty cross walking that for the pend files in the 277U. If there is more than one claim with the same patient account number it makes it pretty difficult.

A: Brent Ratterree – As long as your plan claim number is independent of the patient account number it should not be a problem.

Health Plan – We are only getting the patient account number back.

Brent Ratterree – You should be getting the claim number in the pend file as well.

Lori Petre – Brent, you believe that the is included on the pend file?

Brent Ratterree – Yes.

Health Plan – How recent was that?

Lori Petre – It should have gone in with the changes when they were promoted. We will check into this and get a response out to everyone to clarify that.

Action Item: Mike Upchurch

Check into the patient account number issue and respond to everyone.

Q: Are we required to certify our 837s files?

A: Lori Petre – It is an informal requirement. When we first started our HIPAA process, CMS asked us to ensure that our submitters were sending us certifiable files. They did not say that we had to enforce it. They just said to put it out there as something we require. It is really in your best interest to do so also.

Q: Why do we sometimes get multiple 824s and 997s?

A: Dennis Koch – Based on a large file, anything over 25 Meg, we bust it up into an ST/SE level. What we try to do is then validate each ST/SE so if it fails, you will get an 824 for that ST/SE. If the remaining ones pass, you will get one 997 for all the other ST/SE loops. For example, if you sent in a file with there ST/SE's and one of them failed, you would get an 824 and one 997; the 997 would cover the ST/SE's that passed through.

Action Item: Dennis Koch

Look into the acknowledgement/824 process.

There is a copy of the Milestones schedule in your packets that is associated with the 837 Encounters and 277U. There is also a copy of the email that went out clarifying the recommended file size structures for efficiency purposes. If any one has any questions or concerns about that, do let us know. We try to address those on an individual basis. Basically, those are our recommended standards. If you do something different, it may just cause the process to slow down, but we will address those as they come up.

Encounters NCPDP (Lori Petre)

Status/Testing Requirements

I did send out the latest and greatest examples from MaryKay McDaniel. If anyone has questions on those, please let us know. We are ready to test whenever anyone is ready to do so. We have been testing with RX America, which is our fee for service PBM, for a couple of weeks now with varying levels of success. They finally got some of the changes nailed down so that is moving forward.

Brent Ratterree – Something I wanted to highlight; I know there have been some questions regarding the prescribing provider ID. That is what we are expecting in the file. Anyone have any questions or issues over that?

Health Plan - The PBM is rejecting at the point of sale if we don't have it.

Brent Ratterree– The PBM is rejecting it?

Health Plan – Yes.

Brent Ratterree – Would you have the prescribing provider ID from our plan?

Health Plan – Yes, we should.

Brent Ratterree – I would like to see the potential volume they see first. If it is a small volume, then I would not see an issue. If you think it is going to be a big volume, we would have to discuss that internally.

Q: The date the prescription was written is a required field. What business decision is going to be made based on that field?

A: Brent Ratterree – I need to look into this.

Action Item: Brent Ratterree
Look into editing on this required field.

Lori Petre – I believe it is a CMS or state requirement to capture it, because there is a legal period of time in which you have to dispense.

Q: I have a question about coordination of benefits (COB) and how that works within the processing of pharmacy encounters. If you are talking about a regular 837 professional, and the card file says the patient has Cigna Healthcare, then we would do cost avoidance. When we talk about pharmacy claims, I am not quite sure how that patient is going to come across to us. Say, for example, in your system you see that Jessica Hare has Cigna, and there is a pharmacy claim that comes over, are you going to pend that because we paid it and we don't put any COB information on that pharmacy encounter?

A: Brent Ratterree - Yes.

Q: How do you know whether or not she has a pharmacy benefit with her commercial insurance?

A: Brent Ratterree – That is an excellent segue way into our TPL discussion. AHCCCS is updating its Third Party Liability (TPL) information, and that information will be update by 10/01/04. We have a subcontractor now that is in the process of collecting data and scrubbing, and all of that information will be considered clean and available for use effective 10/01/04. Brent Ratterree - As a matter of fact, I have someone from the Division of Member Services conducting a presentation over TPL at the Encounter Quarterly meeting on Thursday, 6/24/04, here in the Gold Room at 1:00 p.m. If you would like to come and listen to that presentation regarding TPL Data, I encourage you to do that. I would expect them to have that pharmacy benefit information in that file to answer the question.

Q: On an 834 Daily?

A: Brent Ratterree – Yes, that will come back to you on the 834.

Q: What about prior to 10/01/04?

A: Brent Ratterree – Prior to 10/01/04, that edit will not be a hard edit, it will be a soft edit. Effective 10/01/04, it will be a hard edit.

Q: For dates of service?

A: Yes, for dates of service.

Q: Do you plan to do a total refresh of TPL COB information on the 834 so that we can prep our systems?

A: There will be a big file that they will provide you with stating that it is valid data. I do not know the specifics of how they are going to do this, but I know that it is coming sometime in the summer.

Q: Like the last daily or first of the month?

A: Brent Ratterree – I will have more information later.

Lori Petre – If they are going to run an update process, they will probably let everyone know when to expect that to happen.

Brent Ratterree – I would really expect that would probably be some time in August.

Q: If we have the plans coming in with updates and a match on the member file, and the TPL vendor has different information, which takes precedence?

A: Brent Ratterree – The information that we receive back from the vendor will be verified, so the vendor will take precedence. The vendor will be cleaning up all the information so any new information coming in, it will be their responsibility to clean it. The exact flow has not been quite worked out yet.

Q: Is there a process ongoing that shows the information as verified?

A: Brent Ratterree – Yes, in fact Kathy Bezon, who will be doing that presentation, will be going over that piece. I know they are scheduled for quarterly updates as well as monthly.

Q: What if the outside vendor finds out this person had a TPL or another insurer several months ago for something that has been submitted weeks ago?

A: Brent Ratterree - If the encounter data comes in for a DOS back in March, for example, and they had insurance for January and April, and you send it to us in May, and it was unknown, we would pend it out so you would have an opportunity to research it.

Brent Ratterree – After the file gets cleaned up, once you get it, you can update your system with that information. We expect very few problems from it. Part of the valuation of the vendor will be how useful this is for the plan level and any issues.

Questions about the NCPDP layout included:

Q: What are the business rules for delayed reason code?

A: We will follow-up on future usage. At this time there is no special processing.

Q: What happens if we use 11 Other?

A: We may ask you to explain what it is.

Q: The EPSDT indicator is required, but what is the impact or the rules on that?

A: Brent Ratterree – I would have to look at that.

Action Item: Brent Ratterree

Take a look at the impact or rules on the required EPSDT indicator.

Q: Online claims editing, does that remain?

A: Brent Ratterree – That process does not change.

Q: Are we going to refresh test, and wipe it out and start over again?

A: Lori Petre – You all would have to be comfortable in doing so. I will send something out, and we will see what everybody thinks.

Action Item: Lori Petre

Send an email to see what everybody thinks about refreshing test.

Upcoming Meetings/Meeting Topics (Lori Petre)

The next meeting is schedule for 6/23/04. One of things that I have placed on the agenda is the consultant that we brought in house to do our security assessment, will be coming and sharing with you a presentation of how AHCCCS is handling the HIPAA security at a high level. If you have other topics that you would like us to cover in that meeting, please let us know, and we will do so. At this point in time, we have no Consortium meetings scheduled after 6/23/04. For the Outpatient Workgroup meetings we have scheduled them for every three weeks. Are you ready to go back to a monthly meeting or continue with the every three-week meeting?

Consensus of the Health Plans was to continue with a meeting every three weeks.

What I will do is go ahead and schedule the Consortium meetings through 9/15/04, which is what we have scheduled for the Outpatient Workgroup meetings. We will talk about it when we meet and to see if you want to change that at all. Hopefully, things will start to heat up on the Attachments, NPI, and some of the other topics so that we can start sharing these things with you all.

Meeting adjourned.